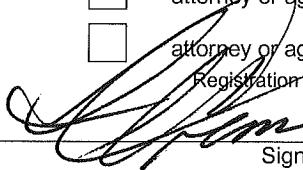


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|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>0259-0417P      |           |
| Application Number      10/663,198-Conf. #1390  |            | Filed      September 15, 2003               |           |
| For      PROCEDURE FOR THE PREPARATION OF PURE PHOSPHATIDES AND THEIR USE IN THE<br>COSMETIC, PHARMACEUTICAL AND ALIMENTARY FIELDS  |            |   |           |
| Art Unit      1651  |            | Examiner      I. Marx                       |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                     |           |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$ _____  |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                                       | \$ 450.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                       | \$ _____  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                       | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                                      | \$ _____  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.                     |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>30,330</u>  |            |   |           |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |   |           |
| <br>_____<br>Signature   |            | _____<br>September 7, 2007<br>Date          |           |
| _____<br>Leonard R. Svensson<br>Typed or printed name   |            | _____<br>(858) 792-8855<br>Telephone Number |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |           |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |   |           |